

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

RECEIVED
FEC MAIL CENTER

2009 MAR 3 10:55

1. Individual, Organization or Qualified Nonprofit Corporation Making the Disbursement/Obligations

(a) Name

CALIFORNIA NURSES ASSOCIATION/NATIONAL NURSES ORGANIZING COMMITTEE

(b) Address (number and street) ☐ check if different than previously reported

2000 FRANKLIN STREET, SUITE 300

(c) City, State and ZIP Code

OAKLAND, CA 94612

(d) Name of Employer or Principal Place of Business

NOT APPLICABLE

(e) Occupation

2. FEC Identification Number

C

3. Is This Statement

☒ New

or

☐ Amended

4. Covering Period

MM / DD / YYYY
02 / 26 / 2009

through

MM / DD / YYYY
02 / 26 / 2009

5. (a) Date of Public Distribution(s)

MM / DD / YYYY
02 / 26 / 2009

(b) Communication Title

GUARANTEED HEALTH CARE #2

6. Is the Filer a Qualified Nonprofit Corporation under 11 CFR 114.10?

Yes

No ☒

7. Were the disbursements for the electioneering communication made exclusively from donations to a segregated bank account?

Yes

No ☒

8. Custodian of Records

(a) Name

ALICE GRUBB, DIRECTOR OF OPERATIONS

(b) Address (number and street)

2000 FRANKLIN STREET, SUITE 300

(c) City, State and ZIP Code

OAKLAND, CA 94612

(d) Name of Employer or Principal Place of Business

(e) Occupation

9. Total Donations This Statement

0.00

10. Total Disbursements/Obligations This Statement

14,375.00

Under penalty of perjury, I certify that this statement is true, correct and complete. In addition, if the electioneering communications reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

ALICE GRUBB, DIRECTOR OF OPERATIONS

SIGNATURE



DATE

2-24-09

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. §437g.

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